

KRISTY L NEWTON, MD

Ambulatory Health Care Facilities Clinic/Center

Provider NPI: 1316172695

Organization Information:

Organization Name: **KRISTY L NEWTON, MD**

Organization is Subpart

Authorized Official: SUSANNE NELMS PRACTICE
ADMINISTRATOR/DIRECTOR 865-549-4892

Practice Location:

7565 DANNAHER WAY POWELL, TN 37849-4029 US
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Tel: 865-522-8821 Fax: 865-522-6650

NPI Information:

NPI: 1316172695

Entity Type: Organization

Taxonomy:

| Primary | Code | Category/Description | State | License Number |
|---------|------------|--|-------|----------------|
| Y | 261Q00000X | Ambulatory Health Care Facilities Clinic/Center | | |

Other Provider Identifiers:

| Issuer | Number | State | Type |
|--------|---------|-------|------|
| | 3373630 | TN | 06 |